



House of Representatives

General Assembly

File No. 368

February Session, 2010

Substitute House Bill No. 5355

House of Representatives, April 7, 2010

The Committee on Human Services reported through REP. WALKER of the 93rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING AN ADVANCED DENTAL HYGIENE PRACTICE PILOT PROGRAM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (*Effective from passage*) (a) For purposes of this section: (1)
- 2 "Advanced dental hygiene practitioner" means a licensed dental
- 3 hygienist who (A) is authorized to perform all services set forth in
- 4 section 20-126l of the general statutes, pursuant to a collaborative
- 5 management agreement, and (B) has presented documentation to the
- 6 Commissioner of Public Health establishing that the licensed dental
- 7 hygienist has graduated from a master's degree program in advanced
- 8 dental hygiene practice from an institution of higher learning
- 9 accredited by the Board of Governors of Higher Education in
- 10 accordance with the provisions of section 10a-34 of the general
- 11 statutes. Any such master's degree program accredited by the Board of
- 12 Governors of Higher Education shall include a curriculum that
- 13 incorporates advanced dental hygiene practice competencies as
- 14 adopted by the American Dental Hygienists' Association; (2)

15 "collaborative management agreement" means a written agreement
16 between an advanced dental hygiene practitioner and a dentist,
17 licensed in accordance with the provisions of chapter 379 of the
18 general statutes, that outlines a mutually agreed upon relationship in
19 which the advanced dental hygiene practitioner and the dentist agree
20 to the parameters of practice provided by such advanced dental
21 hygiene practitioner; and (3) "public health facility" means an
22 institution, as defined in section 19a-490 of the general statutes, a
23 community health center, group home, school, preschool operated by a
24 local or regional board of education, or a head start program.

25 (b) The Commissioner of Social Services, in consultation with the
26 Commissioner of Public Health, shall establish an advanced dental
27 hygiene practice pilot program. Under such program, an advanced
28 dental hygiene practitioner may provide services as described in this
29 subsection, in public health facilities located in the city of Bridgeport.
30 The advanced dental hygiene practitioner may:

31 (1) Formulate an individualized care plan based on scientific
32 rationale, evidence-based standards of care and practice guidelines in
33 collaboration with the patient and a multidisciplinary health care team;

34 (2) Administer local anesthesia;

35 (3) Diagnose and treat oral diseases and conditions within the
36 advanced dental hygiene practitioner scope of practice;

37 (4) Provide diagnostic, educational, palliative, therapeutic,
38 prescriptive and minimally invasive restorative oral health services
39 including: (A) Preparation and restoration of primary and permanent
40 teeth using direct placement of appropriate dental materials; (B)
41 temporary placement of crowns and restorations; (C) placement of
42 preformed crowns; (D) pulpotomies on primary teeth; (E) direct and
43 indirect pulp capping in primary and permanent teeth; and (F)
44 placement of atraumatic temporary restorations;

45 (5) Prescribe, dispense and administer the following drugs within

46 the parameters of the collaborative management agreement and within
47 the scope of practice of the advanced dental hygiene practitioner: (A)
48 Analgesics, (B) anti-inflammatories, and (C) antibiotics;

49 (6) Perform nonsurgical extractions on primary and permanent
50 teeth that are mobile or exfoliating;

51 (7) Place and remove sutures;

52 (8) Prevent or intercept potential orthodontic problems and
53 parafunctional habits by early identification of such problems, space
54 maintenance services and appropriate referral to other health care
55 professionals;

56 (9) Provide temporary reparative services to patients with defective
57 prosthetic appliances;

58 (10) Consult, collaborate and coordinate care with other health care
59 professionals;

60 (11) Provide referrals to patients as needed for further dental
61 procedures or other health care needs;

62 (12) Utilize emerging technologies in assessment, evaluation,
63 diagnosis, prognosis, intervention and prevention of disease or
64 conditions that impair oral or systemic health and wellness; and

65 (13) Use electronic technology to transfer digital radiography,
66 photography, clinical assessment data and fiber optic imaging in
67 collaboration with other health care professionals when warranted for
68 the health of the patient.

69 (c) The Commissioner of Social Services, or the commissioner's
70 designee, shall (1) coordinate the provision of advanced dental
71 hygienist practitioner services in public health facilities that participate
72 in the pilot program in the city of Bridgeport; and (2) establish rates of
73 payment for the provision of such services.

74 (d) A collaborative management agreement entered into in

75 accordance with the provisions of this section shall be in writing,
76 signed by the parties to the agreement and maintained by the
77 advanced dental hygiene practitioner at the public health facility
78 where such practitioner is providing services and shall be available for
79 inspection upon the request of the Department of Public Health and
80 the Department of Social Services. A collaborative management
81 agreement shall minimally include: (1) A description of the
82 supervisory relationship between the advanced dental hygiene
83 practitioner and the licensed dentist; (2) specific protocols for
84 prescribing, administering and dispensing medications, including, the
85 types of medications to be prescribed, administered and dispensed and
86 the conditions and circumstances under which such medications are to
87 be prescribed, dispensed and administered; and (3) an emergency
88 protocol that addresses situations under which the following shall
89 occur: (A) Consultation with a licensed dentist or other health care
90 provider; (B) transfer of patient care to a licensed dentist or other
91 licensed health care provider; (C) the provision of emergency care; (D)
92 methods for disclosing the relationship covered by such agreement to
93 the patient; and (E) methods for reviewing patient outcomes.

94 (e) Nothing in this act shall be construed to: (1) Allow an advanced
95 dental hygiene practitioner to practice beyond the parameters of the
96 collaborative management agreement with the collaborating licensed
97 dentist; or (2) prevent a licensed dentist from providing advanced
98 dental hygiene practice services.

99 (f) Each advanced dental hygiene practitioner, who provides direct
100 patient care services as part of the pilot program shall maintain
101 professional liability insurance or other indemnity against liability for
102 professional malpractice. The amount of insurance that each such
103 person shall carry as insurance or indemnity against claims for injury
104 or death for professional malpractice shall not be less than five
105 hundred thousand dollars for one person, per occurrence, with an
106 aggregate of not less than one million five hundred thousand dollars.

107 (g) Each insurance company that issues professional liability

108 insurance, as defined in subsection (b) of section 38a-393 of the general
 109 statutes, shall, on and after January 1, 2013, render to the
 110 Commissioner of Social Services a true record of the names of persons
 111 issued professional liability insurance for the practice of advanced
 112 dental hygiene, of cancellations of and refusals to renew such
 113 professional liability insurance policies and the reasons for such
 114 cancellations or refusal to renew said policies for the year ending on
 115 the thirty-first day of December next preceding.

116 (h) The pilot program shall commence on or before January 1, 2013,
 117 and shall terminate not later than January 1, 2014.

118 (i) The Commissioner of Social Services, in consultation with the
 119 Commissioner of Public Health, shall report, in accordance with
 120 section 11-4a of the general statutes, to the joint standing committees of
 121 the General Assembly having cognizance of matters relating to public
 122 health and human services not later than July 1, 2014, concerning the
 123 results of such pilot program. The report shall include, but not be
 124 limited to: (1) Recommendations to expand the pilot program to other
 125 geographic areas of the state; (2) a timeline for expansion of the pilot
 126 program; and (3) recommendations for policies and procedures to
 127 permit advanced dental hygiene practitioners to provide the services
 128 described in subsection (b) of this section on a state-wide basis.

This act shall take effect as follows and shall amend the following sections:		
Section 1	from passage	New section

HS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill allows dental hygienists to perform additional services after meeting certain requirements, and establishes a pilot program in Bridgeport. This is not anticipated to result in a fiscal impact to the Department of Social Services as the bill does not change client eligibility under state or federal benefit programs.

The Out Years

The bill requires the pilot to begin no later than January 1, 2013 and end by January 1, 2014.

OLR Bill Analysis**sHB 5355*****AN ACT CONCERNING AN ADVANCED DENTAL HYGIENE PRACTICE PILOT PROGRAM.*****SUMMARY:**

This bill creates a pilot program in Bridgeport that allows a dental hygienist with an advanced degree who works in a “public health facility” to perform a broader scope of services than is otherwise allowed by law. The Department of Social Services (DSS) commissioner must, in consultation with the Public Health Department (DPH) commissioner, establish the program and coordinate services in participating facilities. DSS must develop rates to pay for advanced hygienist services. The program must begin before January 1, 2013 and end by the following January 1.

EFFECTIVE DATE: Upon passage

ADVANCED PRACTICE DENTAL HYGIENIST***Scope of Practice***

Under current law, a dental hygienist can clean teeth and gums by scaling, root planing, and polishing; apply sealants; administer certain local anesthetics (after completing special course and clinical work); chart oral conditions; assess dental hygiene; plan treatments; and collaborate in implementing an oral health care regimen. A hygienist must practice under a dentist’s general supervision unless she or he works in a public health facility. The law defines a public health facility as a hospital, nursing home, residential care home, home health care agency, outpatient surgical facility, school infirmary, mental health facility, among other institutions; community health center; group home; publically operated preschool, and a head start center.

The bill permits an advanced practice dental hygienist (APDH) working in a public health facility in Bridgeport to, among other activities:

1. collaborate with the patient and a multidisciplinary health care team to formulate an individual care plan for a patient based on evidence-based standards of care and practice guidelines;
2. administer any kind of local anesthesia (it is not clear whether the advanced practice hygienist must complete the same course and clinical work as a dental hygienist must to administer local anesthesia);
3. diagnose and treat oral diseases within the APDH scope of practice;
4. provide diagnostic, educational, palliative, therapeutic, prescriptive, and minimally invasive restorative oral health services including: (a) preparing and restoring primary and permanent teeth using direct placement of appropriate dental materials; (b) temporarily placing crowns and restorations and placement of preformed crowns; (c) performing pulpotomies on primary teeth; (e) direct and indirect pulp capping in primary and permanent teeth; and (f) placing atraumatic temporary restorations;
5. prescribe, dispense, and administer analgesics (which include opioids), anti-inflammatories, and antibiotics within the parameters of a collaborative management agreement with a licensed dentist;
6. perform nonsurgical extractions on loose primary and permanent teeth;
7. place and remove sutures;
8. prevent or intercept potential orthodontic problems and parafunctional habits by early identification, space maintenance

services (using a device to keep a space open if a child loses a primary tooth before the permanent tooth is ready to come in), and referral to other health care professionals;

9. provide temporary reparative services to patients with defective prosthetic appliances (e.g., bridges, crowns, implants, dentures, and partial dentures);
10. consult, collaborate, and coordinate care with other health care professionals; and
11. make referrals as needed for further dental procedures or other health care needs.

The bill specifies that it does not prohibit a licensed dentist from performing any of these activities.

Collaborative Management Agreements

Under the bill, an APDH must practice within a scope defined by a written collaborative agreement between the hygienist and a licensed dentist. The agreement must, at a minimum, include:

1. a description of the supervisory relationship between the advanced dental hygiene practitioner and the licensed dentist;
2. specific protocols for prescribing, administering, and dispensing medications, including, the types of medications covered and the conditions and circumstances under which they are to be prescribed, dispensed, and administered;
3. an emergency protocol that addresses: (a) consultations with and transfer of patient care to a dentist or other health care provider; (b) the provision of emergency care; (c) how to disclose to the patient the relationship between the APDH and the collaborating dentist; and (d) ways to review patient outcomes.

The APDH must keep the agreement at the facility where he or she

works and make it available to DSS and DPH upon request.

APDH Education Requirements

In order to participate in the pilot program, a dental hygienist must show DPH that he or she has a master's degree in advanced practice dental hygiene from a college or university that is accredited by the Board of Governors of Higher Education. The master's program must include a curriculum that incorporates the American Dental Hygienists' Association's competencies for APDHs.

Malpractice Insurance

The bill requires an APDH who participates in the pilot program to carry the following minimum amounts of malpractice insurance: \$500,000 per person, per occurrence and \$1.5 million aggregate. These are the current limits for all dental hygienists. It requires insurance companies to give DSS the names of any APDH whose malpractice policy it cancels or refuses to renew and the reasons for its decision.

Evaluation

The bill requires DSS and DPH to report on the pilot program's results by July 1, 2014. The report must contain recommendations (1) to expand the program and a timeline for doing this and (2) for policies and procedures to permit APDHs to perform the expanded scope of practice statewide.

BACKGROUND

American Dental Hygienists' Association Competencies

The association's curriculum contains five domains in which APDHs must attain competency. These are (1) provision of primary oral healthcare, (2) healthcare policy and advocacy, (3) management of oral healthcare delivery, (4) translational research (using sound scientific methods and accessing evidence-based information when making decisions and providing patient care), and (5) professionalism. Each domain involves demonstrating competence in specific areas. The curriculum contains nearly 60 specific competencies.

Related Bill

sSB 392 (File 206) increases the amount of malpractice insurance a dental hygienist must carry to \$1 million per person, per occurrence and \$3 million aggregate.

Special Act

OLR does not analyze most special acts. But we are analyzing this bill, which would become a special act if enacted, because of the unique way in which it expands a health profession's scope of practice.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 14 Nay 5 (03/23/2010)